




The Commissioner is hereby authorized to charge any additional fees required under Rule 1.17 concerning this transaction or to credit any overpayment to Deposit Account 13-0013.

Respectfully submitted,

  
\_\_\_\_\_  
Joseph A. Mahoney  
Reg. No. 38,956

Date: June 19, 2003

**CUSTOMER NUMBER 26565**  
**MAYER, BROWN, ROWE & MAW**  
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Chicago, IL 60690-2828  
Telephone: (312) 701-8979  
Facsimile: (312) 706-9000



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JUN 24 2003

TECH CENTER 1600/2900

Docket No. 02935454

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:

Jeffrey Owen Phillips

Application No.: 10/054,350

Filing Date: January 19, 2002

For: Novel Substituted Benzimidazole  
Dosage Forms and Composition of  
Using Same

Group Art Unit: 1625

Examiner: J. Fan

Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the subject application.

2. Applicant is ☐ a small entity.  
☒ other than a small entity.

3. **Extension of Term:**

☐ Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$110.00	\$55.00
<input type="checkbox"/> two month	\$410.00	\$205.00
<input type="checkbox"/> three month	\$930.00	\$465.00
<input type="checkbox"/> four month	\$1,450.00	\$725.00

FEE: \$0.00

OR

- ☒ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

4. The fee for claims has been calculated as shown below:

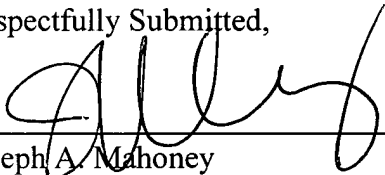
			Small entity		Large Entity	
Claims remaining after amendment	Highest number previously paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total 308	150	x 158	\$9.00	= \$	\$18.00	\$2,844.00
Independent 15	4	x 11	\$42.00	= \$	\$84.00	\$924.00
Multiple Dependent Claim Fee:				=		=
Total Additional Fee				= \$		= \$3,768.00

- ☐ No additional fee for claims is required.

5. Fee Payment/Deficiency

- ☒ Attached is a check in the amount of \$3,768.00.
- ☐ Authorization is hereby made to charge the amount of \$ to Deposit Account No. 13-0019
- ☒ Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully Submitted,

  
\_\_\_\_\_  
Joseph A. Mahoney  
Reg. No. 38,956

Date: June 19, 2003

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